

Payment Request No. _____
 Agency _____
 Contact Person Name _____
 Contact Person Phone _____

| <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> | <u>H</u> |
|----------|---------------------|---------------------------|-----------------------------|-------------------------|---------------------------|------------|--------------------------------|
| ITEM NO. | DESCRIPTION OF ITEM | BID APPROVED AMOUNT | APPROVED CHANGE ORDER | AMOUNT PREV. PAID | AMOUNT THIS REQUEST | % COMP. | REMAINING BALANCE UNPAID |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | \$ _____ |
| | SUB TOTAL | | | | \$ _____ | | \$ _____ |
| | LESS 10% RETAINAGE | | | | \$-_____ | | |
| | TOTALS | | | | | | |

According to the best of my knowledge and belief, I certify that all items and amounts shown on this Request for Drawdown of Funds/Expense Summary are correct; that all work has been performed and /or material supplied in full accordance with the requirements of our HOME contract, and/or duly authorized deviations, substitutions, alterations, and/or additions; that the foregoing is a true and correct statement of the contract account up to and including the last day of the period covered by this request; that no part of the "Balance Due This Payment" has been received.

Date

Date

Date _____